

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012741

STATE FILE NUMBER

MAY 4 1959

Registration District No.

77

Primary Registration District No.

3016

Registrar's No.

132

300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, give TOWNSHIP only) Jefferson City		c. CITY OR TOWN Jefferson City	
c. FULL NAME OF (If NOT in hospital, give location) St. Mary's Hospital		d. STREET ADDRESS (If outside, give location) 313 Jefferson Street	
3. NAME OF DECEASED (Type or print) First MRS. JANE JONES Middle JONES Last JONES		4. DATE OF DEATH Month April Day 28 Year 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 19, 1889
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Owner of Ladies Dress Shop		9b. KIND OF BUSINESS OR INDUSTRY Columbia, Mo.	
10a. FATHER'S NAME James Sebastian Froshy		10b. MOTHER'S MAIDEN NAME Amanda Price Stone	
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		12. CITIZEN OF WHAT COUNTRY? USA	
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary atherosclerosis DUE TO (c) 		14. NAME OF HUSBAND OR WIFE Clyde Jones - Deceased	
15. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 11/20/1		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mr. Mc Donough		18. ADDRESS 4014 Magnolia Pl. St. Louis, Mo.	
19. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 	
21. TIME OF INJURY Hour Month Day Year 		22. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 	
23. CITY, TOWN, OR LOCATION Jefferson City		24. COUNTY Jefferson	
25. STATE Mo.		26. DATE SIGNED 4/29/59	
27. BURIAL, CREMATION, REMOVAL (Specify) Burial		28. DATE May 1, 1959	
29. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		30. LOCATION (City, town, or county) (State) Jefferson City, Mo.	
31. FUNERAL DIRECTOR Victor Buescher		32. ADDRESS St. Louis	
33. DATE RECD. BY LOCAL REG. 30 April 1959		34. REGISTRAR'S SIGNATURE R. P. Harris, MD MR	

15 MAY 4 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Victor Briescher*

Licensed Embalmer No. *370*

P. O. Address *Jama*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.